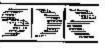


State of Louisiana Statement of Organization



FORM 200. STATEMENT OF ORGANIZATION

Committee: Hand^Kernan SKIP^^

Date filed:

STATEMENT OF ORGANIZATION	
1. Name and Address of Committee	2. Date of this Statement 01/22/2004
Hand^Kernan SKIP^^ 1010 Chateau Lafitte West Kenner, Louisiana 70065 Check if new committee	3. Estimated Membership 10
	4. Amended Statement? Yes XNo
Position Name Address Chairperson Aaron Broussard 3329 Florida	ocrson, Treasurer, if any, and any other committee officers Avenue, Kenner, Louisiana, 70065 Blvd.,Suite 1100, Metairie, Louisiana, 70001
 Affiliated Organizations (Any organization, other than a political commadministers of financially supports this commadmin Address Relationship to Committee 	mittee, which directly or indirectly established, iittee.)
and roand mattutions)	numittee funds must be deposited in one or more banks or
Name Address Mutual Savings & Loan Association 2900 Cla	earview Parkway, Metairio, Louisiana, 70006
B. IF THIS COMMITTEE SUPPORTS A SING Check one: X Principal Campaign Comm	IGLE CANDIDATE:
n. Name of Candidate Kernan SKIP Hand	c. Office Sought by the Candidate Judge Division H
2. Name of Person Preparing Report: Donna C	Fordon Daytime Telephone: 504/833-5600
10. WE HEREBY CERTIFY, that the information of the bound of the policy of the polic	tion contained in this STATEMENTS OF
This <u>22nd</u> day of <u>January, 2004</u> .	35
Aaron Broussard Signature of Committee Chairperson	5 <u>04/4</u> 69-6 <u>699</u> Daytime Telephone Number

Daytime Telephone Number